

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1-04-01

1-11-2001  
\$1100  
KSS  
Reg

1010329

## Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME: *Theaist* *Steve* *J.*  
Last First MI

2. BUSINESS PHONE: *504-362-5080*  
Area Code and Phone Number

3. BUSINESS ADDRESS: *401 Whitney Ave, Suite 601, Gretna, LA 70056*  
Street and No. City State Zip

MAILING ADDRESS: *P.O. Box 487, Marrero LA 70093*  
Street and No. City State Zip

4. EMPLOYER: *Consulting Services of LA LLC*

5. EMPLOYER'S ADDRESS: *401 Whitney Ave, Suite 601, Gretna, LA 70056*  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name: *Parish of Jefferson*  
Address: *1221 Elmwood Park Blvd. Harahan, LA 70073*  
Business or purpose: *Parish Government*  
Does this person pay you? *Yes*  
If No, who pays you? .....

2001 JAN 25 PM 11:30

OFFICE OF THE CLERK OF THE BOARD OF ETHICS  
RECEIVED

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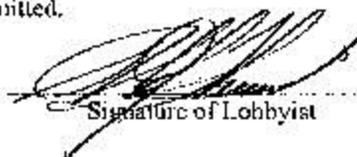
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you?  
If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you?  
If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you?  
If No, who pays you? \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [I.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY